

for the NORTHERN DISTRICT of CALIFORNIA

DANNY CAESAR
Plaintiff
-vs-Robert Horel, et. al.,
Defendants

Case No. CV-08-01977-SBA

FILED

JUN - 6 2008

RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
OAKLANDNOTION FOR TEMPORARY
INJUNCTION

Petitioner hereby asks the Court for a Temporary Injunction Order, as the Court is aware of the ongoing practice of defendants to deny me medical care that my medical condition require, because of the crippling effect and chronic pain created by defendants by constant aggregations (constant refrigerated living environment, and long walking or standing processes) and complete medical deprivation. I also ask to be temporarily housed somewhere where I can get some relief for the chronic nerve pain I'm being forced to live with. My right to witnesses is also being eliminated by (SEE Exhibit '1'). People outside of my race, will not testify on my behalf, on what they may witness.

DATE: May 18th 2008

DAN CAESAR Dan Caesar
PRO SE PETITIONER

Exhibit '1'

**INMATE/PAROLEE
APPEAL FORM**

CDC 002 (12/87)

Location: Institution/Parole Region

Log No.

Category

1. _____

1. _____

2. _____

2. _____

You may appeal any policy, action or decision which has a significant adverse effect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
DAN CAESAR	D-07644	SHU	C-5-121

A. Describe Problem: Warden Horel, you are the head of this institution's Security. For the past six months, security has me living in a predominantly segregated housing unit, where I am the only Black inmate (F-Pod). I believe this living condition to be illegal and specifically designed by staff for the purpose of cultural deprivation, and to create a prey for both staff and inmate population.

If you need more space, attach one additional sheet.

B. Action Requested: Title 15:3004 (c.) say that discrimination is a violation of a legal Right. Recent Supreme Court Decision have also evoked desegregation of California Prisons' sections and cells. I ASK to be housed in a unit-section with other Black inmates.

Inmate/Parolee Signature: Dan Caesar Date Submitted: 4-20-08

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

Staff Signature: _____

Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____

Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number: _____

State of California

CDC FORM 695

Screening For:

CDC 602 Inmate/Parolee Appeals

CDC 1824 Reasonable Modification or Accommodation Request

PELICAN BAY STATE PRISON
SECURITY HOUSING UNIT
UNIT C-5

RE: Screening at the FIRST Level

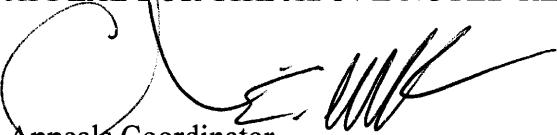
April 22, 2008

CAESAR, D07644**CF05L 000000121L**

Log Number: PBSP-C-

(Note: Log numbers are not assigned to screen out appeals or informal level appeals.)

The enclosed documents are being returned to you for the following reasons:

*You have failed to reasonably demonstrate that the issue you are appealing adversely affects your welfare, pursuant to CCR 3084.1(a).***YOUR SPECIFIC HOUSING ASSIGNMENT WITHIN SHU IS NOT SUBJECT TO APPEAL FOR THE ABOVE NOTED REASON.**


Appeals Coordinator
Pelican Bay State Prison

Screening Decision
Reviewed AND
UPHELD.



NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE
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APR 22 2008 APR 25 2008